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PTO/SB/01 (12-97)

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Attorney Docket Number	LE9-99-149		
First Named Inventor	Damon, Brian Wesley		
COMPLETE IF KNOWN			
Application Number			
Filing Date			
Group Art Unit			
Examiner Name			
	First Named Inventor COMPLETE II Application Number Filing Date Group Art Unit		

As a below named inventor, I hereby declare that:									
My residence, post office a	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method Compensating for Electronic Printhead Skew and Bow Correction in an Imaging Machine to Reduce Print Artifacts									
the specification of which is attached hereto OR	is attached hereto								
was filed on (MM/D	D/YYYY)	as United	d States Applicat	tion Number or PCT International					
Application Number	and wa	as amended on (MM/DD/YY	m)	(if applicable).					
I hereby state that I have re	eviewed and understand the ont specifically referred to abo	contents of the above identif	fied specification	n, including the claims, as					
	lisclose information which is	-	defined in 37 CF	R 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
number(3)	,	(1111)							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number		e (MM/DD/YYYY)							
			numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]
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Additional inventors are being named on the

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** (MM/DD/YYYY) (if applicable) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 21972 Place Customer Number Bar Code Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below 21972 or Bar Code Label Name **Address** <u>Address</u> City State ZIP Telephone Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any] Family Name or Surname Damon Brian Wesley Inventor's Date Signature Country Citizenship Residence: City 893 Ridgebrook Road Post Office Address Post Office Address US 40509 Country Lexington state KY

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	onal Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any]) Family Name or Sumame									
Shaun Timothy		·		Love	è					
inventor's Signature	Shaun	Tw	not	hy	Fo	ve		Date	5	1/28/00
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Post Office Address										
City	Lexington	Stat	e KY		ZIP 4	0502	Country	US		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been filed	d for th	is unsigi	ned inv	entor
Given Nar	me (first and middle [if any]])				Family Nan	ne or	Sumame		
Cary Patterson Ravitz										
Inventor's Signature	Cay Patte	ion	RC	1				Da	te	9/28/00
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Post Office Address										
City	Lexington	Sta	te KY		ZiP	40502	Cour	ntry U	S	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Sumame										
Inventor's Signature								Da	te	
Residence: City		Stat	e		Country			Citize	nship	
Post Office Address										
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City		State	}		ZIP		c	ountry		

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